RECEIVED CENTRAL FAX CENTER

DEC 1 2 2008

11TH FLOOR 901 NORTH GLEBE ROAD ARLINGTON, VIRGINIA 22203-1808

TELEPHONE: (703) 816-4000 FACSIMILE: (703) 816-4100 WRITER'S DIRECT DIAL NUMBER: (703) 816-4011

FACSIMILE COVER SHEET PLEASE DELIVER IMMEDIATELY!!!!

Atty Dkt.:	4560-4	
Your Ref.:	Date: _	December 12, 2008
To:	Examiner Joike,	M.K TC/A.U. 1636
Firm:	USPTO	
Facsimile No.:	(571) 273-8300	
From:	Mary J. Wilson	
(IF YOU DO NOT RECEIV	ges (including cover sheet): E ALL OF THE PAGES OR ENCOUN MEDIATELY AT (703-816-4000).	TER DIFFICULTIES IN TRANSMISSION,
		Tabitha A. Trice
	·	FACSIMILE OPERATOR
and Trademark Office on D Mary J. Wilson ATTACHMENT/S: OF	certification of facsimile tra- per and any noted attachments are being ecember 12, 2008. FICIAL AMENDMENT UNDIARD PAYMENT FORM	ng transmitted by facsimile to the Patent
MESSAGE:		
n re Patent Applicatio	on of;	
VAN DEN BRINK et a Serial No. 10/518,414 Filed: August 30, 200 For: IMPROVED ME). D 5	ASPARTIC PROTEASE IN A

CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission contain information belonging to Nixon & Vanderhye, which is confidential and/or legally privileged. This information is only intended for the use of the individual or entity named above. IF YOU ARE NOT THE NAMED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF THIS INFORMATION FOR ANY USE WHATSOEVER IS STRICTLY PROHIBITED. If you have received this facsimile in error, please immediately contact us by telephone to arrange for return of the original documents to us

RECOMBINANT HOST ORGANISM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RESPONSE UNDER RULE	110
EXPEDITED HANDLING PROCEDU	RE

In re Patent Application of

Atty MJW-4560-4

Dkt.

C# M#

VAN DEN BRINK et al

TC/A.U.

1636

Serial No. 10/518,414

RECEIVED CENTRAL FAX CENTER

Filed: August 30, 2005 Examiner: Joike, M.K.

DEC 1 2 2008

Title:

Date: December 12, 2008

IMPROVED METHOD OF PRODUCING AN ASPARTIC PROTEASE IN A RECOMBINANT HOST ORGANISM

Mail Stop AF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-Identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment previously paid for 20 (at least 20) =

minus highest number

٥ x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment

previously paid for (at least 3) = minus highest number × \$220.00

\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add

\$390.00 (1203)/\$195.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)

One Month Extension \$130.00 (1251)/\$65.00 (2251)

Two Month Extensions \$490.00 (1252)/\$245.00 (2252)

Three Month Extensions \$1110.00 (1253/\$555.00 (2253)

Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350,00 (1255/\$1175.00 (2255) \$

Terminal disclaimer enclosed, add

\$140.00 (1814)/ \$70.00 (2814) \$

Rule 56 Information Disclosure Statement Filing Fee

☐ Statement filed herewith

0.00

130.00

Applicant claims "small entity" status.

Assignment Recording Fee

\$180.00 (1806) \$40.00 (8021)

0.00

Other:

0.00

TOTAL FEE S 130.00

\$

CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

NIXON & VANDERHYE P.C.

By Atty: Mary J. Wilson, Reg. No. 32,955

MJW:tat